

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> KFC (CHARLESTOWN RD)	<b>Telephone Number</b> Est (812) 945-2121 Own 802-274-4020	<b>Date of Inspection</b> 06/24/2022	<b>ID#</b>		
<b>Address</b> 4301 CHARLESTOWN RD, NEW ALBANY IN 47150					
<b>Owner</b> SHERRY HOUSTON	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 07/03/2022		
<b>Owner's Address</b> PO BOX 2215 CLARKSVILLE, IN 47131		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
<b>Person in Charge</b> THEODORE 'TJ' HOWSON					
<b>Responsible Person's Email</b> SARAHW@HEKFC.COM					
<b>Certified Food Handler</b> TS HOWSEN					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C ____ NC ____ R ____					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	